



# **Stage I Meaningful Use Standards and Measures (for 2011-12)**

- Functional and Interoperability Measures
- Clinical Quality Measures



# Measuring Performance

- As required to achieve meaningful use, providers and hospitals must report their performance on two types of measures
  - Functional and Interoperability Measures
  - Clinical Quality Measures

# Functional and Interoperability Measures

- **The functional and interoperability measures are linked to the policy priorities shown below**
- **Health Outcomes Policy Priorities**
  - Improve quality, safety, efficiency and reduce disparities
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - Ensure adequate privacy and security protections for personal health information

# Functional & Interoperability Measures Summary

- Ambulatory (Providers)
  - 25 measures
    - 8 measures require “Yes” or “No” answer
    - 17 measures require numerator and denominator
- Inpatient (Hospitals)
  - 23 measures
    - 10 measures require “Yes” or “No” answer
    - 13 measures require numerator and denominator
- Reporting Periods for Measures
  - 1<sup>st</sup> year: Continuous 90-day period
  - All other years: Entire year

# Improve Quality, Safety, and Efficiency, Reduce Disparities

| Objective  | Provider Measure  | Hospital Measure                          | Interop Rqmt? |
|--|---|---|---------------|
| Use computerized provider order entry (CPOE)   | CPOE is used for at least 80% of <u>all</u> orders  | CPOE is used for 10% of <u>all</u> orders | N             |
| Implement drug-drug, drug-allergy, drug-formulary checks   | The EP/hospital has enabled this functionality  |   | Y             |
| Maintain up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT® | At least 80% of all unique patients seen by the EP/admitted to the hospital have at least one entry or an indication of none                                    |   | Y             |
| Generate and transmit permissible prescriptions electronically (eRx)                             | At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology (excluding controlled substances) | N/A                                       | Y             |

# Improve Quality, Safety, and Efficiency, Reduce Disparities (cont'd)

| Objective  | Provider Measure   | Hospital Measure | Interop Rqmt? |
|--|--|------------------|---------------|
| Maintain active medication list  | At least 80% of all unique patients seen by the EP/admitted to the hospital have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) |                  | Y             |
| Maintain active medication allergy list  | At least 80% of all unique patients seen by the EP/admitted to the hospital have at least one entry or (an indication of “none” if the patient has no medication allergies)                |                  | Y             |
| Record demographics (for both EPs and hospitals: i.e. preferred language, insurance type, gender, race, ethnicity, date of birth; for hospitals only: Date and cause of death in the event of mortality) | At least 80% of all unique patients seen by the EP/admitted to the hospital have demographics recorded   |                  | N             |

# Improve Quality, Safety, and Efficiency, Reduce Disparities (cont'd)

| Objective  | Provider Measure  | Hospital Measure | Interop Rqmt? |
|--|---|------------------|---------------|
| Record and chart changes in vital signs (for both EPs and hospitals: height, weight, blood pressure, calculate and display BMI, plot and display growth charts for patients 2-20 years, including height, weight, and BMI) | For at least 80% of all unique patients age 2 and over seen by the EP/admitted to the hospital, record blood pressure and BMI and plot growth chart for children age 2-20 |                  | Y             |



# Improve Quality, Safety, and Efficiency, Reduce Disparities (cont'd)

| Objective  | Provider Measure   | Hospital Measure | Interop Rqmt? |
|--|--|------------------|---------------|
| Record smoking status for patients 13 years old or older   | At least 80% of all unique patients 13 years old or older seen by the EP/admitted to the hospital have “smoking status” recorded (Current Smoker, Former Smoker, Never Smoked) |                  | N             |
| Incorporate clinical lab-test results into EHR as structured data  | At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data    |                  | Y             |
| Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach | Generate at least one report listing patients of the EP/hospital with a specific condition   |                  | N             |



# Improve Quality, Safety, and Efficiency, Reduce Disparities (cont'd)

| Objective  | Provider Measure  | Hospital Measure   | Interop Rqmt? |
|--|---|--|---------------|
| Report quality measures to CMS or the States                                     | For 2011, report <b>ambulatory</b> quality measures and provide aggregate numerator and denominator through attestation<br>For 2012, report <b>ambulatory</b> quality measures and electronically submit the measures | For 2011, report <b>hospital</b> quality measures and provide aggregate numerator and denominator through attestation For 2012, report <b>hospital</b> quality measures and electronically submit the measures | Y             |
| Send reminders to patients per patient preference for preventive/ follow up care | Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over   | N/A  | N             |

# Improve Quality, Safety, and Efficiency, Reduce Disparities (cont'd)

| Objective  | Provider Measure   | Hospital Measure | Interop Rqmt? |
|--|--|------------------|---------------|
| Implement 5 clinical decision support rules  | Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP /hospital is responsible for |                  | N             |
| Check insurance eligibility electronically from public and private payers  | Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP/hospital             |                  | Y             |
| Submit claims electronically to public and private payers  | At least 80% of all claims filed electronically by the EP/hospital   |                  | Y             |
| Provide patients with an electronic copy of their health information upon request (for both EPs and hospitals: diagnostic test results, problem list, medication lists, allergies; for hospitals only: discharge summary and procedures) | At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours. |                  | N             |

# Engage Patients and Families



| Objective  | Provider Measure   | Hospital Measure  | Interop Rqmt? |
|--|--|---|---------------|
| Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request   | N/A  | At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it | N             |
| Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP | At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information | N/A   | N             |

# Engage Patients and Families (cont'd)

| Objective   | Provider Measure   | Hospital Measure | Interop Rqmt? |
|---|--|------------------|---------------|
| Provide clinical summaries for patients for each office visit   | Clinical summaries are provided for at least 80% of all office visits  | N/A              | Y             |
| Capability to exchange key clinical information (for both EPs and hospitals: problem list, medication list, allergies, diagnostic test results; for hospitals only: discharge summary and procedures), among providers of care and patient authorized entities electronically | Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information |                  | Y             |

# Care Coordination

| Objective   | Provider Measure  | Hospital Measure | Interop Rqmt? |
|---|---|------------------|---------------|
| Perform medication reconciliation at relevant encounters and each transition of care                              | Perform medication reconciliation for at least 80% of relevant encounters and transitions of care                       |                  | N             |
| Provide summary care record for each transition of care and referral  | Provide summary of care record for at least 80% of transitions of care and referrals                                    |                  | Y             |
| Capability to submit electronic data to immunization registries and actual submission where required and accepted | Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries |                  | Y             |

# Population and Public Health



| Objective  | Provider Measure | Hospital Measure  | Interop Rqmt? |
|--|------------------|---|---------------|
| Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received | N/A              | Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically) | Y             |



# Population and Public Health (cont'd)

| Objective  | Provider Measure   | Hospital Measure | Interop Rqmt? |
|--|--|------------------|---------------|
| Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice      | Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically) |                  | Y             |
| Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities | Conduct or review a security risk analysis per 45 CFR 164.308 (a)(I) and implement security updates as necessary   |                  | N             |



# Clinical Quality Measures Summary

- Providers in ambulatory settings will report on two measure groups
  - 3 core measures
  - 3-5 measures according to provider's specialty
- Hospital measures
  - Required to report on 35 Medicare measures
  - For Medicaid, hospitals have the option to report on 8 alternative Medicaid measures if the 35 measures do not apply to their patient population